NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHO	DD(S) TO BE USED
		FREGETWEIN
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USE AND RENOVATION SITE:	D TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOTION MAY 1 7 2012
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and labeled and	Plastic sheetingvill be placed on the ground below and the asbestos will be placed in a locked container for disposal.
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	and approximately consistent to the second s
AII.	Address: 1889 Route 9, Unit 61	William Committee Committe
	City: Toms River State: New Jersey	Zip: 08755
	Contact Person: Nicholas Fernicola	Zip. 00733
	WASTE TRANSPORTER #2 Name:	
	Address:	
	City: State:	Zip:
	Contact Person:	ωp.
xiii.		
XIII.	WASTE DISPOSAL SITE Name: T.R.R.F. Location: Bordentown Road	
		Zip: 19007
		Zip: 19007 101494
xiv.	Telephor Permit #: IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY TH	
AIV.	Name: Title:	E AGENCT BELOW AND ATTACH COLT OF ONDER
	Authority:	
		Begin (MM/DD/YY):
XV.	FOR EMERGENCY RENOVATIONS	Begin (MN///DD/ 1 1).
Αν.	Date and Hour of Emergency (MM/DD/YY):	
	Description of the Sudden, Unexpected Event:	
	Description of the Studden, Onexpected Event.	
	Explanation of how the event caused unsafe conditions or would cause equipment damage o	r an unreasonable financial burden
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO PO	
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGUL THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAI AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required aft	NING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of C	May 14, 2012 Owner/Operator) (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	11
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Signature of Company)	Owner/Operator) May 14, 2012 (Date)

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755

	DEMOLITION /	RENOVA	TION	NOTIFICA	TION	MAY 7	1000	
Ope	erator Project #:		Postmark:		Notificat	ion:	UIZ	1
Ĭ.	TYPE OF NOTIFICATION (O- Original	R-Revised C-0	Cancelled):	0	II.	IS ASBESTOS PRESEN	I? (Yes/No):	Y
III.	FACILITY INFORMATION (identify own	er, removal contra	ctor and otl	ner operator)		Viscontaines vegentes	A management of the contract o	1
		Contracting, L			******	1255 Ann.	-	
	Address: 313 Hal	yard Road		 			-	
	City: Ortley Beach	State:	NJ		Zip:	08751		<u> </u>
	Contact: Frank D	isantis		*	Tel:	7	1	
	REMOVAL CONTRACTOR:	Guardian Con	tracting.	Inc.		NJ License: 00	0624	
	Address:	1889 Route 9,				13 Biolise.		
	City: Toms River	State:	New J	ersev	Zip:	08755		
	Contact:	Nicholas Fern			Tel:	732-349-9932		
	OTHER OPERATOR (if different)				Tel.	NJ License:		
	Address:					The Breeks.	-	
	City:	State:			Zip:			
	Contact:				Tel:			
IV.	TYPE OF OPERATION (D-Demo O-O	rdered Demo R	Donovetic	on E-Emergency R	200	D		
V.	FACILITY DESCRIPTION (Including build				enovation):	D		
	Building Name: Residence							
	V	ute 35 North						
	City: Lavallette		Ni I	-				
		State:	New Je	ersey	County:	Ocean		
	Site Location: Exterior-house & Building Size: 1500 sf							
	Present Use: Residence	# of Floo	ors:	1	Age in Ye			
VI.		I ACTIVION IN	BBB OBBY	Prior Use:	Residenc			
VI.	PROCEDURE, INCLUDING ANALYTICA IS MATERIAL ASSUMED TO BE ASBES		APPROPRIA	ATE, USED TO DET	ECT THE PRI	ESENCE OF ASBESTOS M	IATERIAL:	
VII.	APPROXIMATE AMOUNT OF ASBESTO	S INCLUDING:		D. C.			Asbestos	riable Material
	 Regulated ACM to be removed Category I ACM not removed Category II ACM not removed 		RACM To Be Removed			d		
	Pipes (Linear feet):						Cat I	Cat II
	Surface Area (Square Let): 1200 sf		Asbesto	os siding		Exterior-house & garage		
	RACM Off Facility Component (Cubic feet)			2				
VIII.	SCHEDULE DATES ASBESTOS REMOVAL	(MM/DD/YY)	Start:	05/25/1	12	Complete: ()5/29/12	

Date Received

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	ini ji k		7	Name of Building Owner/Operator (2)											
	May 14, 2012	2				Disan	tis Contracting, LI	c c	(0	20=	2.3	7			
Agencies Notified [x] EPA [DEP [x] DOL [x] DOH	[] Ame	al Notifi ended No endment	tification # including		Street Address City, State, Zp Co		alyard Road Beach, NJ 08751	EIVI							
[] DCA	1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1	cellation)			Name of Contact Frank	Disantis	JU II MAY	elephone Numbe	r						
				FΔC	ILCILITY INFORM	AATION			- 1						
Name of Facility Where A		g Place	(3)	IA	CILITI INTORN	ATION	Type of Facility (4)	OUTHER 8		2					
Res	idence							School (k-12)	es observations						
Street Address	4 Route 35 No	orth	91		El Company	ζ.	[x]	Other (i.e., priv homes, etc.)		100001410005-000		ldings,			
City		Coun	ty (6)		County Code (7) (STATE USE ONI	V	Square feet	# of Floors	Bld	g. Age					
Lavallette		Ocea	an		(STATE USE ONL	.1)	1500 sf Current Use (Prior i		<u> </u> i)		60				
Name of Monitoring Firm	Hired by Building	g Owner	(8)	i,	ASCM No.	Name of	Resider Abatement Contractor		4						
N/A							Guardi	an Contracting	, Inc.						
Street Address						Street Ac		oute 9, Unit 61							
City, State, Zip Code						City, Star	te, Zip Code				A AGE COMME				
Project Manager for Monit	oring Firm		Telephone	Number		1.00	e Number	River, New Jers License 1			55-1271				
Scheduled Start Date (10)		Scheduled	Complet	tion Date (11)	732-34! Name of	9-9932 OSHA Monitor	00624								
05/25/12			05/29/				E.M.S.	L. Analytical							
	Abatement (Check lity Closed/Vacate ement Performed	d Durin	g Entire Per			Street Ad	1056 St	telton Road							
[] Othe	r – Describe			-		City, Stat	e, Zip Code Piscata	way, New Jerse	ey 088	354					
Scope of Work (Check all t	that apply)					[]		with Negative Pre	essure						
[] >3 sf	or≥3 If		1 1	Renova	ation	[]	Mini-Enclosure Glovebag Proced	uro							
경 경험이 되었다. 그 하였다	sf or ≥260 lf		[x]	Demoli		[x]	Non-Exempted (*		Proced	ure					
					T						Tr.				
			Is Location	n	1	Description	n of			tement	T	$\overline{}$			
Location o		Ŋ	Normally u		Asl	estos-Con	taining	Amount	R E	R E	E N.	E N			
Asbestos-Containing M TO BE ABAT		Main	Solely by tenance/Cu	/ istodial		Material (A		(Specify SF or LF)	М	P	C	C			
in facility			Staff	astourur .		lation, sur		Of Lift)	0	A	A P	L			
(13)			(12)			VAT, or			V	R	S	S			
	-	YES	NO	N/A	oth	er miscella	neous)		A		U L	U R			
ym , .		TN/A					L		Е	Е					
Exterior			X		Asbestos sidin	g		1200 sf	X						
		8000	1		 				-						
Name of Registered Waste I		IN	JDEP Wast	e Hauler	ID No. Cubic Ya	rds of Waste	Name of Register	red Landfill							
Guardian Con	tracting, Inc.		2	0223	3		T.R.R.F.			_					
City, State Toms River, 1	New Jersev			Dispos 05/30	al Date	City, Sta	te wn, Pennsylvania								
Completed by (Print or Type							1 /	1	Date						
Micholas Perni	icola	rroje	or ivianage	εr 	1 Y (ano	1 to		5/14	1/2012	1				

	Date of Notification (1) 5-15-17					ng Owner/Operator			- 2	11	-67					
						nison	Home	Impro	vemo	en	1	5)				
	Agency Notified Type Notification	· · ·		Street	Address		0	LOOK R		G	1	1				
	DEPA Amended	1	3	City, S	State, Zip	Code					4		-			
	Z DOL Amendment #					Dunelle	a No	JMAY 08	0,0,12							
7	DOH justification)	ding		Name	of Conta	ct		Telephone Nu	ımber				-			
	□ DCA □ Cancellation			Ma	Tun	ison							7			
						ORMATION	L									
	Name of Facility Where Abatement is Taking P	lace (3)		E-1 II		10 10 100	Type of Facility	(4)					-			
	Single family	Desi	-111	'nq			☐ School (K-1)	2)	Santy.	ing migrate.						
	Street Address				20 12		☐ Subchapter	8 (Other than K-	12)	200						
	1813 Middle R	Oac	V .				homes, etc.		aai bullair	igs,						
	City (5)			77	-50	1.0	Square Feet	# of Floors	Bldg							
	Martinsville	NJ								55	1	-				
	County (6)			County) (STATE USE	Current Use (P	rior if being dem	olished)	-						
	Somerset				,	,										
	Name of Monitoring Firm Hired by Building Owr	ner	ASCN	/ .		Name of Abatem	200	300								
	(8) EPC Technologies			MA		EPC	lech.	nologies), I	<u>امر</u>						
1	P.C. Box 337					Street Address	000	227								
,	City State Zip Code					City, State, Zip C	M.O. Bo	K 33 F					\dashv			
	New Egypt NJ C	185	33			New	Faunt	NJ '	085	33						
-	Project Manager for Monitoring Firm	Te	lepho	ne No.		New Telephone No.	39/51	License No.		-00						
	Steve Schenker	60	97	58-3	365	609-758-	-3365		0039	4						
	Start Date (10) Scheduled C	ompleti	on Da	ite (11)		Name of OSHA	Monitor				2000					
-	5-15-12 6-		2			EPC	Techn	ologies,	In	<u>C</u>						
	Occupancy Status During Abatement (Check or	ily one)				Street Address										
1	acility Closed/Vacated During Entire Period	of Abate	ement	4		City, State, Zip C	Bex	33 t					_			
1	☐ Abatement Performed Outside of Normal Fac ☐ Other – Describe:	ility Hot	ırs	100		Alec i	Eggs	NJ	085	2.3						
	Scope of Work (Check all that apply)					700	-Jypr	7.5		J.,	,		-			
	□ ≥ 3 sf or ≥ 3 lf			Ren	ovation		Containment with Enclosure	Negative Press	ure							
	\$≥ 160 sf or ≥ 260 lf		-		nolition	□ Glove	ebag Procedure	**								
1		l		NAME OF THE OWNER, THE	T	Non-	Exempted (*) an	d Non-Friable Pr	ocedure	TA	bate	mer	nt			
		N 71153600	Locati ormal		- 1			6			Тур					
1	Location of Asbestos-Containing Material (ACM)	Used	d Sole	ly by	Acho	Description of stos Containing Ma		Amoun	•			_				
	TO BE ABATED	10 (000)	ntena: ustodi			., thermal systems		(Specif	y	Rei	R	nca	Enc			
	IN Facility (13)		Staff?			surfacing, VAT other miscellane		SF or LF	=)	Removal	Repair	Encapsulate	Enclosure			
ĺ	(10)		(12)				,			<u>a</u> .		ate	ë			
		Yes	No	N/A						_						
	Furnace Room	X			Tra	nsite Pare	ls	150 5	F	×						
	Launday Room		×		F	oon Tiles		150 s	F	K						
	Bathroom		×		Lio	okum Flo	2021,05	50 SE	<u> </u>	X						
	Canport			X	Tre	isite Pan	rela		F	X						
1	Name of Registered Waste Hauler	ID N		Vaste H	auler	Cubic Yards of Waste	Name of Regis									
-	EPC Technologies	10,		700	00	6	Waste	- Money	emen	+						
1	City, State					Disposal Date	City, State		DA							
L	NE NJ					6-1-12	Moari	suille	PA							
	Completed by Standard Rev Per	side	1	_		Signature ST	12 Sch	6.	Date	1 =-	77 <u></u>	. ~				
L	0.00 00				nestos lic	ensure exempted a	activities		5-	13		1 4	h-			
	DO NOT			436		champion	wat filliand.									

Check # 8191

Date of Notification (1	1			I Name	CD 11-11		110 ·		11 12	1	11	1			
Date of Notification (1	5-3-12)		Nam	-	ng Owner/Operato			1.4	-1					
Agency Notified	Type Notification	<u> </u>		Stroc	t Address	ison H	lome I	mprove	men	15	11				
Agency Nothied				Suee			0 0-	MAY 17	2012	342	.17				
□ EPA □ DEP	Anitial Amended			City	State, Zip	719 Bou	nd brook	K Koad	2000			-			
Ø DOL	Amendment #			City,			N)T	20012				6			
	☐ Emergency (inclu	uding		Name	e of Conta	unellen,	100		200			_	_		
D DCA	justification) □ Cancellation				R. Tur	(5.5) ¥	-	Telephone Nu	ımber		-	L	39		
3000	- Concollation	,		Maria Santana			ar William .								
		51		FAC	ILITY IN	FORMATION						4			
0 0	re Abatement is Taking F		10				Type of Facilit	y (4)							
Dingle +	amily Dwe	lline	Z				☐ School (K-1	2)							
								8 (Other than K-							
1813	Middle R	Oac	Y.				homes, etc	orivate & commer	cial buildin	igs,					
City (5)							Square Feet	# of Floors	Bldg.	Age		_			
Mart	insuille	1	17						5	-5	+	_			
County (6)				Count	ty Code (7) (STATE USE	Current Use (F	Prior if being dem	olished)	_					
13 1524-04 10 III				ONLY	()			,							
Name of Monitoring Fi	rm Hired by Building Ow	ner	ASCI	₫ No. ;		Name of Abatem	nent Contractor	(9)		100	-		_		
(8) FPC Te	chnologies			NI	1		EPC Technologies, Inc								
Street Address	or recognes			. /.	•	Street Address	treet Address								
P.C. Bo	x 337						P.O. Bo	237							
City, State, Zip Code						City, State, Zip (Code	2001			_		_		
New Eg	ADT NI	280	33	one No. Telephone No. License No.											
0 111	A The state of Page 1					Telephone No.	-345"	License No.		,,,			388.1		
Steve Sch	Scheduled	6	097	58 -	3365	609-758			039						
Start Date (10)	Scheduled	Comple	tion Da	ate (11)	1	Name of OSHA	Monitor				-	_			
5-15-13	2 5	- /(0-1	2		FPC	Techo	salogire	Ta	,					
Occupancy Status Dur	2 5 ing Abatement (Check o	nly one)			Street Address		rologies.	/14			-			
	ated During Entire Period					P.C	Bex	337							
	ed Outside of Normal Fa					P.C. City, State, Zip C	ode	001							
Other - Describe:		errore to a				New	Equat	NJ	085	32	1				
Scope of Work (Check	all that apply)					9223250000	~ / /			_					
□ ≥ 3 sf or ≥ 3 lf			.5	Rer	novation		Containment witi Enclosure	h Negative Press	ure			100			
260 If ≥ 260 If			•	☐ Der	nolition	_ □ Glove	ebag Procedure								
		1				Non-	Exempted (*) ar	d Non-Friable Pr	ocedure						
		1	Locat							A	bate Typ		11		
Local	tion of	The second second	Normal ed Sole			Description of	of								
	ing Material (ACM)	Ma	intena	nce/		stos Containing Ma		Amoun		70		En	ш		
No. of the last of	ABATED acility		Custod Staff?		(i.e.	 thermal systems surfacing, VAT 		(Specify SF or LF		em	Repair	cap	nclo		
	3)		(12)			other miscellane			,	Removal	air	Encapsulate	Enclosure		
		Yes	No	N/A	1							e	(D		
		-	140	INA	-	. 5		1-0-6		2	-		_		
Furnace R	00m	×		-		nsite Pane		150 5		X			_		
Laundry R	00m	<u> </u>	×	<u> </u>	Flo	on Tiles			5E	X			_		
Bathroom			X		Line	oleum F	looning	505	F	X					
Car port				×	Tra	rsite Pane	els J	500 \$	F	X					
Name of Registered Wa	aste Hauler	100000000000000000000000000000000000000		Vaste H	lauler	Cubic Yards of	Name of Regi	stered Landfill				X-05.50			
EPC Tect	nalogies	ID	No.	70	00	Waste 6	Wasta	e Monago	emen	+					
City, State AJF NJ	,					Disposal Date 5-17-12	City, State	- ::	PA		-				
Completed by	. Title					Signature of	11/0/0/4	some	Date	-			-		
Steve Scher	1. 1.	sid	ent	- 1		Sle	we) Sch	when	5-3	3-1	12				
ASB-41					pestos lice	ensure exempted a	activities.		100				-		



Date of Notification (1) May 08, 2012			-		of Building Ow	ner/Operato	r (2)	1 E	r b	11//	ß	100	7
Agencies Notified	Type Notification				a Schultz			I the		///	15	Ш	
X EPA	Initial			Street A 17 N.	odress Swarthmor	e Dr.		1	AY 1.7	004			
DEP X DOL	Amended Amendmen		[ate, Zip Code or, N.J. 084		The state of the s		/**/	-201 2	-	land second	
DOH DCA	Emergency justification Cancellation				of Contact a Schultz		İ	ATe	lephone Nu	ımber	2	9	Ì
Name of Eacility Whore	Abstancet is Takin	on Diago (2)	FAC	ILITY INFOR	MATION		10	Acateman,				
Name of Facility Where Residence	Abatement is Takii	ng Place (3)				Type of Facility	3.45.0					
Street Address							School (K		er than K-	12)			
17 N. Swarthmore	Dr.								& commerc		ldings	, hom	es,
City (5)					***		Square Feet		f Floors		3ldg. /		
Ventnor							1500 Sq. Ft				60 Yr	S.	
County (6) Atlantic					Code (7) USE ONLY)		Current Use (F Resident	rior if be	ing demolis	shed)			
Name of Monitoring Firm Environmental Mar)	ASC	M No.		of Abatement C nam-Tech En			vices	LLC		
Street Address 204 E. Germantow	n Pike						Address Read Drive						
City, State, Zip Code			TO THE REAL PROPERTY.				State, Zip Code	-					
Norrition, P.A. 1940				W. C. C.			lerville, N.J. 0	8081					
Project Manager for Mor Raymond J. Giorda				Telepho (856)2	ne No. 229-5369		hone No.)318-1341		License I 01158	No.			
Start Date (10) May 18, 2012		Schedul May 22			Date (11)	100000000000000000000000000000000000000	of OSHA Monito		ental Ser	vices	LLC		
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)			Street	Address		Sarah Sarah				
Facility Closed/Vac Abatement Perform	ated During Entire	Period of	Abaten	nent		2	lead Drive						
Other – Describe:			, riour	,			State, Zip Code Ierville, N.J. C	8081					
Scope of Work (Check A	All That Apply)									0			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		guningers	Renova Demolit	olition Mini-Enclosure Glovebag Procedure									
	***************************************	le	Locat	ion	I		Non-Exempt	eu () an	u Non-Fna	ble Pro		e ement	
Location		1	Vormal	ly		Description	of					ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma	ed Sole intena todial S (12)	nce/	(i.e. the	Containing N	g Material (ACM) ems insulation, VAT, or		mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes											Œ	
attio	;		Х			Pip Insula	tion	1	00LF	x	_		
Name of Desisters d Wes	4-11-1												
Name of Registered Was American Disposal S			Н	NJDEP Waste Hauler ID No. SW2069 Cubic Yards of Waste				Contract Contract	ered Landfi Pioneer (ing		
City, State P.O. Box 348, Lumb	erton					isposal Date			e Rd. Bir	dsbor	о. Р	Α.	
Completed by Willis Graham		 er			Signature				ate 5/	18/	1,2		



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) Monday, May 14, 2012			*****		Name of Build New Jersey D	ding Owner/operatment of	Operator (2) of Transportat	(E)	1 1	E		
Agencies Notified (X) EPA (X) DEP		Notification (X) Initial N () Amende	otification	tion	Street Address P.O.Box 607 1035 Parkway		tani		7 201	The second		
()DOL ()DOH ()DCA		() Cancelle	ed		City, State, Zi Trenton, NJ 0	p Code 8625-0607	ADI	LICENS	ING			
1 2 2 10					Name of Cont Sharon Puller	tact	CONTRACTOR (S)	Tel. Nu	Non-		•	
Name of Facility Where A	hatament is T	Takina Place (21	FACILITY	NFORMATION	L. /4\						
Single Family Residence Street Address		aking Place (3)		Type of Facilit () School (K- () Subchapte (X) Other (i.e	12) er 8 (other th	nan K-12) commercial bl	das hom	ies etc			
401 Adams Lane								370 0				
City (5)	County (6)		County C	Code (7)	Sq. Feet3	000	# of	Floors	_1			
North Brunswick	Middlesex		(State Us	se Only)	Bidg. Age Current Use (Service of the servic	-	
Name of Monitoring Firm ATC Associates Inc.	Hired by Bldg	. Owner (8)	ASCM N 00098	<u>o.</u>			Name of Co Neuber Env					
Street Address 3 Terri Lane	e			ii.	Street Address 42 Ridge Road							
City, State, Zip Code Burlington, NJ 08016					City State, ZipCode Phoenixville, PA 19460							
Project Manager for Monit John R. Lutz	oring Firm	Telephone I 609-571-75			<u>Telephone Number</u> <u>610-933-4332</u> <u>License Number</u> <u>00836</u>							
Scheduled Start Date (10) 5/29/2012		Scheduled (5/31/2012	Completion	Date (11)	Name of OSH	A Monitor		en in en				
Occupancy Status During (X) Facility Closed/Vacate () Abatement Performed	d During Entir	re Period of A	batement		Street Address	5			-			
Describe				24 0 0	City, State, Zip	Code						
Other - Describe												
Source of Work (Check all	that apply)	- International Control	HARRIST TO STATE									
(X) Demolition () Reno () Large Proj. (>160 SF o () Full Containment with	r >260 LF AC	CM) (X) SM Pr	oj. (>25<16 Mini-Enclos	60 SF or >10 <2	60 LF ACM) (ovebag Procedur) Minor Pro	oj. (<25 SF or	<10 LF A	CM)			
Location of Asbestos- Containing Material (ACM) Facility (13)	in Solely Staff?		todial	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or		Abatem	ent Ty		Fasters
Window caulk	YES	NO	XXX	miscell.) Window caulk		300 lf			Rem.	кер.	Encap	Enclose
Chimney flashing			XXX	Flashing		25 sf			XXX			-
Name of Reg. Waste Haul Future Sanitation	<u>er</u>	NJDEP Was 22051	te Hauler I	<u>D#</u>	Cubic Yards of 5	Waste		Name of GROWS				
City, State Farmingdale, NJ	A service	L					Disp. Date 5/2012			ty, Stat orrisvill		
Completed by (Print or Typ Jeffrey A. LaRiviere	e)	Title V.P.			Signature			<u>Date</u> 4/20/201	2			
		AND THE RESERVE OF THE PARTY OF									100	

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Date of Notification (1) 05 /				g Owner/Operator (2 f Maplewood	2)	(Ck# 207	2 \$20	00)				
Agencies Notified ⊠ EPA	Type Notificati ⊠ Initial	ion		100-00-00-00-00-00-00-00-00-00-00-00-00-	Address Valley S	treet	*			112.1		
□ DOLWD	☐ Amended			City, S	State, Zip C	ode			W-1-1	- 7		
☑ DHSS	Amendmer					New Jersey 070	040	YEPE	N/7	E	French Comp.	57
□ DCA (NJAC 5:23-8)	☐ Emergency justification			Name	of Contact			Telephone Nun	nber	15		111
(110710 0.20 0)	☐ Cancellatio				m Malava			T MAY .			11	
				FA	CILITY IN	IFORMATION		MAY 1	7 201	2	1	1
Name of Facility Wher Maplewood Mem Street Address		iking Place	(3)) 3 (Other than K-1)			(delicated	A CHARLES OF THE PARTY OF THE P
51 Baker Street							Other (i.e., p homes, etc.)	rivate and comme	ercial bu	ilding	S,	
City (5)							Square Feet	# of Floors	Ble	dg. Ag	je	865 - 1944
Maplewood, New	Jersey 07040						12,900	1		55+		
County (6) Essex	***************************************		1	Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)	Į.		
Name of Monitoring Fi	rm Hired by Buildi	ng Owner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Matrix New World						Lilich Corpor	5.6					
Street Address					400	Street Address		**				
22 Columbia Tur	npike			115111111111111111111111111111111111111	ano e estro e	606 McBride						
City, State, Zip Code						City, State, Zip Co				47		
Florham Park, Ne		2					ark, New Jerse					
Project Manager for M	onitoring Firm		0.000	ephone		Telephone No. 973-225-8400	51	License No.				
Gavin Gilmore	100	cheduled C		73-240		Name of OSHA M		01104				
Start Date (10) 06 / 01	1000	06 /				J&S Environ						
Occupancy Status Dur						Street Address				- 10		
☐ Facility Closed/Vac	er a de la companya de la constanta de la cons	and the second of the second o		ement		2333 Route 2	22 West					
	ned Outside of Nor	mal Facility	у Ноц	ırs - De	scribe	City, State, Zip Co						
Time of Abatement		РМ	- <u>1</u> AN	l		Union, New J	Jersey 07083					
Scope of Work (Check	all that apply)					⊠ Full Con	tainment with Ne	native Pressure		T. Carlotte		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re □ De				☐ Mini-End ☐ Gloveba	closure g Procedure	on-Friable Proced	ure			
-	· · · · · · · · · · · · · · · · · · ·		Loca		T				Ab	atem	ent T	уре
Locati Asbestos-Containin TO BE A IN Fa	ng Material (ACM) BATED Icility	Use Ma	inten	lely by ance/ I Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						<u> </u>		_
1st Floor Staff Bat	hróom		\boxtimes		Ceiling	Plaster		58 SF	\boxtimes			
1st Floor Staff Bat	hroom		\boxtimes		Gypsu	m Board		126 SF				
1st Floor Staff Bat	hṛoom		\boxtimes		Pipe In	sulation		10 LF				
1st Floor Staff Bat	hroom		\boxtimes		Pipe Fi	tting Insulation		2 Units	\boxtimes			
Name of Registered V	Vaste Hauler			NJDEP		Cubic Yards of	Name of Regi	stered Landfill				-
Lilich Corporation	on			Hauler 1872		Waste 20	G.R.O.W.5	S. Landfill			•	
City, State	and the second of the second			1012		Disposal Date	City, State	THE RESERVE OF THE PARTY OF THE				
Woodland Park,	New Jersey		•>			06/05/12	Morrisville	e, Pennsylvani	а			
Completed By (Print o Tatiana Kaleniko	503.0 (8)	Title Vice Pi	resid	lent	*****	Signature	au/la	C-07/25/1	Date			
000 11	1					1.1001-0		Let Let				

State of New Jersey - Notification of Asbestos Absternent

			(Pursu	ant to NJAC.	8:60-7 and 12:120-7)	-			PPROVI				
Date of Notification (1)					Name of Building Owner/Do	erator (2)	NJ Dec	t of H	ealth & S	entor S	ervices		
May 14, 201	12				Jako Enterprises		-	,					
Agencies Notified		diffication	Type al Notifi	ication	Street Address 2030 East Byberry Re	oad	Date:	5/1		me:	7,00		
X EPA) page	IAmende			City State Zio Code	LICENSI	MINUT	Ġ.		-	1		
DCA		3 Emerg			Philadelphia, PA			interes of the second					
x DOL	1	justific			Name of Contact		Telep	N şaaah	umber				
X DEP	10	Cance			George Deltzer								
x DOH				FACILITY INF	ORMATION								
Name of Facility Where Abatem	ent to Taking	Place (3)			Type of Facility (4)						1		
Private	•				O School (K-12) OSubchapter 8 (other than K	-12)					1		
Street Address					Other (Le private & co	ommercial bu	ildings,	nomes	, etc.)		1		
225 Main Street					Sa Feet Unknown	# of Floor	E Bl	da_Aq	S: 80)	ears			
CITY (5)	County (6)			Cods (7)									
	Passaic		(State L	Isa Only)	Current Use (prior if being d	emonsned							
Name of Monitoring Firm Hired	by Bldg, Own	ner (8)	ASCM	No.	Name of Contractor (9)					10 PT			
Criterion Laborator	ies, Inc.				GREENWOOD ABATE	MENT CO	DNSU	LTAN	TS, INC				
Street Address .					Street Address								
3370 Progress Drive, S	Swite J	2.00			268 MAIN STREET								
					City State, ZipCode					-			
City, State, Zip Code Bensalem, PA 10001					Buder, NJ 07405								
Project Manager for Monitoring	Frm I Y	elephone N		Telaphona Number		Licana	Numb	per					
Michael Panepresso 215.244.1300					973-492-0477 098-40								
Scholluled Start Date (10)	15	cheduled (comoletio	n Date (11)	Name of OSHA Monitor								
May 14, 2012		lay 17,			EMSL inc.								
Occupancy Status During Abs	dement (Ch	eck only o	ne)		Street Address								
Facility Closed/Vacated	During Enl	re Period	of Abates	ment				*					
Abalement Performed (Outside of N	iomal Fac	Thy Hour	s—5pm-tam	1056 Stelton Road								
Describe					City, State, Zip Code						2		
Other - Describe:					Piscataway, NJ 088	54							
				100			<i></i>						
Source of Work (Check all that:	apply)				Y	Full Conti	immen!	with M	eostive P	PERSURE			
>3sfor≥3H	3			Renovation	A.E.	Mini-Enck							
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D2 100 81 01 2 20			-			Non-Etern					dure		
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Malerial (ACM) in Facility (13)	Solely to Statif? (y Mainlic 12)	residensi	VAT, or other min		or LF)		Rent	de Rappir	Encan	Endose		
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	1						1 11						
Name of Reg. Waste Hauler	17.	LIDEP Wa		ID#	Outbic Yards of Waste:				islend Landii A Landii				
See Hauler Below#182		See Belov		A las Drift		Diegosal D		W-0448	Chy St				
Hauler #1) Greenwood		ient Col	Pilipe	na, mil pul	or, rea of your	May 17,			Route 2,				
NJ DEP # 1 Hauler #2) Newark Ca		Man	-M M	Mene Win	ED # 19551				Bridgapa 304-842		R .		
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Co-missed by Co-d) '1 74				Signature		Date						
Completed by (Printer Type) Marin Graure Title SENIOR PROJECT					Maria Grave			y 14,	2011				
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State of New Jersey - Notification of Asbestos Abatement

Check# 9599

9599 (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) May 14, 2012 Jako Enterprises Agencies Notified Notification Type Street Address 2012 Initial Notification 2030 East Byberry Road X EPA ☐ Amended Certification City, State, Zip Code DCA Philadelphia, PA x DOL iustification) Name of Contact Telephone Number X DEP □ Cancelled George Deitzer x DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 225 Main Street Sq. Feet: Unknown # of Floors: Bldg. Age: 80 years City (5) County (6) County Code (7) (State Use Only) Paterson **Passaic** Current Use (prior if being demolished): Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Criterion Laboratories, Inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3370 Progress Drive, Suite J **268 MAIN STREET** City, State, Zip Code City State, ZipCode Bensalem, PA 10001 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Panepresso 215.244.1300 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 14, 2012 May 17, 2012 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours - 5pm-1am Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) X Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure □> 160 sf or > 260 Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) VAT, or other miscell.) Remove Repair Encap Enclose or LF) YES NA Basement X **Duct Insulation** 670 SF X TSI X 45 LF NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Name of Registered Landfill Cubic Yards of Waste: See Hauler Below # 1 & 2 See Below Meadowfill Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State May 17, 2012 Route 2, Box 68 NJ DEP # 12561 Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784

Signature

Marin Graure

SENIOR PROJECT

MANAGER

Date

May 14, 2011

Marin Graure

Completed by (Print or Type)

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City, State, Zip Code City		*						2 - (~ · ·					- 1
Project Manager for Monitoring Firm Telephone No.	City Class 7: O. d.					***************************************	513 E.	72 Mg	54					
Telephone No. Telephone No	City, State, Zip Code										_	-		7
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Disposal Date City, State FIRE LOLD TITLE Signature Disposal Date Signature	0 1	1 4	ID	No.					4 (1	, ,			- 1
Frank Gross Ros. 5/2/1/2 Tully town PA	Casten	JQ5 (8_					1	LUSE	L And	14.	11			1
ompleted by GOS Par Par Signature Signature 5/8/12	City, State		_					City, State			0	۸		
ompleted by GOS Par Par Signature Signature 5/8/12	Facel	(1)	>				5/21/12	OTIL	Ivtono	\sim (7	14		1
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	FRAMIL CO.	50	200			i	1	X	į		1 -	> /	7	-
SR.41 Do not use this form for ashestos licensura exampled activities	11/40 7 0/11	74 A	W 1	1		!		2		7	8	1	17	2

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F= - 2011/16 - 11 - 70						- C1014 - 1507		(m)	IS P		7 6	Francis	7
Date of Notification (1) 5/15/13			P.S.E	f Building . & G	Owner/C	perato	(2)		5 U E				Natural Parket Spirit
Agencies Notified Type Notifica	tion		Street A	ddress FRANK	E. ROI	DGER	S BLVE		MAY	7 20	112		The second secon
DEP Amende	nent #			ate, Zip C		29			-A0000730		-	house	
□ Emerge □ justificat □ Cancella			Name o	f Contact FILLM				L	ASBESTOS Telephon				
M 50,1				LITY INF		ON					<u></u>		
Name of Facility Where Abatement is T P.S.E. & G	aking Place (3)					-	Facility (4		ě	- 18 m	× 1	i i
Street Address 410 SILVERLAKE AVE.							St.	bchapter 8 her (i.e. pr	Other than	n K-12) mercial b	uilding	s, hon	nes,
City (5) EDISON						*********	Square	Feet	# of Floor	S	Bldg.		9 425.
County (6) MIDDLESEX	-			Code (7) USE ONLY	0		Current	Use (Prior	r if being der E BLDG.	molished			<i>γ</i> ~.
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ing Owner (8))	ASCN 004				of Abate	ment Cont		RICA II	NC.		
Street Address 64 BROAD STREET							Address WHITE	HEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747							tate, Zip TH RIV	Code ER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 90-2217			none No. 432-83	50	Licer 011	nse No.				
Start Date (10) 5/30/2012	Schedul 6/1/20		npletion	Date (11)			of OSHA		OF AMEI	RICA II	VC.		
Occupancy Status During Abatement (C	heck Only O	ne)					Address						-
Facility Closed/Vacated During End Abatement Performed Outside of N							WHITE	Code	VE.				•
Other – Describe:						SOU	TH RIV	ER, NJ	08882				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	×	Renova	ation .			F	Full C	Containmer	nt with Nega	tive Pres	sure		
≥160 sf or ≥260 lf		Demolit	tion			×	Glove	Enclosure bag Proce Exempted	edure (*) and Non-	-Friable F	Proced	ıre	
Location of	10 00	Locati Normal	85 5		D						Aba	temer Type	ıt ·
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Ma	ed Sole intena todial S (12)	nce/		tos Conta	system:	faterial (A s insulation T, or		Amount (Specify SF or LF	1 2	Repair	Encapsulate	Enclosure
	Yes	No	N/A									Ö	
OUTSIDE WALLS		Х		1	ransi	ITE PA	ANELS		1740 SI	F 2	+		
												1	
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic `	Yarde		Vame of P	egistered La	ndfill			
WASTE MANAGEMENT		Н	lauler ID 1125		of Was	te		GROWS		шаш			
City, State ELIZABETH, NJ					Dispos 6/1/20	al Date	I		VILLE, PA	A			
Completed by CAROL RAIMO	Title OFFI	CE M	IGR.		Si	gnature	40	Lac	MD	Date 5	15/	12	

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MAY 11

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 4 / 2	4 / 12	2			of Buildin	g Owner/Operator (2)	GEIV	5			1
⊠ EPA ⊠	ype Notification Initial			100000000000000000000000000000000000000	Address Road 1	Bldg 4086		MAY 1 7 2012		IJ	and the second s	
☑ DOLWD ☑ DHSS	Amended Amendment #	1-5/14	/12	City, S	State, Zip	Code					1	
	Emergency (ir			Pis	cataway	, NJ 08854	A	SBESTOS CONTROL 8	,	,	T.	
(NJAC 5:23-8)	justification) Cancellation				of Contac ce Smith	ot	-art H + a	Telephone Numb	er		ئــ	- 5-67
				FA	CILITY IN	NFORMATION	State .		- u		-4.2	
Name of Facility Where Aba	tement is Takin	g Place	(3)				Type of Facility	(4)		-		*
Miller House							School (K-1					
Street Address	State							8 (Other than K-12) private and commerce		iildin	30	
857 Hoes Lane							homes, etc.		JIAI DI	ununi	J 5,	
City (5) Piscataway							Square Feet 5000	# of Floors	100	dg. A	ge	
County (6)				Cour	nty Code (7)(STATE USE ONLY)		rior if being demolis				
Middlesex				2000	,	,	Residential		,			
Name of Monitoring Firm Hir	ed by Building (Owner	8)	ASCM	No.	Name of Abateme						
ATC				0009	98		VIRONMENTA	10.				
Street Address						Street Address				_		
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code	7					City, State, Zip Co	ode	The second secon	-		-	
Burlington Township,	NJ 08016					BRISTOL, PA	19007					
Project Manager for Monitori	ing Firm		Tele	ephone	No.	Telephone No.		License No.				
Brian Kearney			6	09-386	-8800	215-788-6040		00509				
Start Date (10)		duled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
_ 5 / _ 7 / _ ·	12	5/	16	3_/_	12	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Ab				2382		Street Address	- National					
☐ Facility Closed/Vacated D						1123 BEAVE	R STREET					
Abatement Performed Ou Time of Abatement: 7:00	utside of Normal DAM- <u>5:00</u> PM/	Facility P	/ Hou /I	rs - Des AM	cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all that	at apply)						ainment with Ne	native Pressure		-		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		☐ Re 図 De				☐ Mini-Enc ☐ Glovebag	losure Procedure	on-Friable Procedure	Э			
		1000	Loca	50.500.70					T	atem	ent T	vpe
Location of Asbestos-Containing Mat	earial (ACM)		lorma	illy ely by		Description o			-	1		-
TO BE ABATE		Ma	ntena	ince/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility (13)		Cus	odial (12)	Staff?		surfacing, VAT,	or	SF or LF)	val	7	lusc	sure
		Yes	No	N/A		other miscellane	ous)				ate	
Basement/Crawlspace			\boxtimes		Pipe in	sulation,Furnace	Insulation	575 LF, 48 SF				
Living Room			\boxtimes		Transit	e	V 1880	432 SF				
Roof			\boxtimes		Roofing	9		64 SF		П	П	П
Kitchen & Bathrooms			\boxtimes		Sinks			4 EA				
Name of Registered Waste H	lauler			JDEP V		Cubic Yards of	Name of Regis					
SERVICE TRANSPORT	GROUP, INC	C	۲	lauler II 20990		Waste 5 Cu Yds		LANDFILL				
City, State NEW CASTLE, DE 197	20					Disposal Date 5/11/12	City, State WAYNESE	BURG, OH 44688				
Completed By (Print or Type) Gino Pizzigoni	Title	enera	Mar	2202		Signature	1	Dat	e 5-//	,,,,	1,0	
ASB-41		GIICIA	iriai	agei		Am P.	eggegone	/ye 5	//	4/	12	

* Do not use this form for asbestos licensure exempted activities.

Cl # 2279

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)		-			-
5 / 1 /	12			YCHEM	5 · . · . · . · . · . · . · . · .	7 milys	September of the second section of the second	Wallal K	MO.		
Agencies Notified Type Notific							EPEI	W	C		1
Agencies Notified	cation			t Address		111)),		M	Ь_		
□ DOLWD □ Amende	d				LE AVENUE	154					11_
	nent #1-5/1	1/12		State, Zip			MAY 17	2012		1	//
□ DCA □ Emerger			JE	RSEY CI	TY, NJ 07307	14 4	m/4 1 /	ZUIZ	- 1	man of	
(NJAC 5:23-8) justificat	ion)		Name	of Contac	t		Telephone Numb	er	1		
☐ Cancella	ition		OW	/NER'S F	REP: CLINT YING	LING	4	3			e e e e e e e e e e e e e e e e e e e
			FA	CILITY IN	NFORMATION	1	LICENSING				1
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility	(4)				
OXYCHEM		1									
Street Address						Subchapter	2) 8 (Other than K-12)		747 244		to said to
621 TONNELE AVENUE						Other (i.e., p homes, etc.)	rivate and commer	cial b	uilding	js,	
City (5)						Square Feet	# of Floors	To	dg. A	70	
JERSEY CITY, NJ						120,000	2	- 1	ug. A 40+	ge	
County (6)		_	Cou	nhi Codo /	7)(STATE USE ONLY)				407		
HUDSON			Cou	nty Code ((STATE USE UNLY)		ior if being demolis	nea)			
Name of Monitoring Firm Hired by Buil	H: O	(0)	10001		T	COMMERC			-		
	aing Owner	(8)	ASCM	No.	Name of Abateme	Andreas - The same and the same					
LANGEN ENGINEERING		115				VIRONMENTA	L, INC.				
Street Address					Street Address						
619 RIVER DRIVE CENTER 1					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					- Assistance
ELMWOOD PARK, NJ 07407					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
JAKE SUROWIECKI		1 2	201-794	-6900	215-788-6040	C.	00509				
Start Date (10)	Scheduled (Comp	letion Da	te (11)	Name of OSHA M	lonitor					
5/21/12	5	/ _2	25 /	12	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacated During Ent			ement		1123 BEAVER	STREET					
☐ Abatement Performed Outside of N				scribe							
Time of Abatement: 7:00AM	PM/3:30F	M	AM		City, State, Zip Co						
Scope of Work (Check all that apply)					BRISTOL, PA	19007					
ocope of work (offeck all that apply)					☐ Full Cont	ainment with Neg	native Pressure				
≥3 sf or ≥3 lf	⊠ R				☐ Mini-Enc	losure	gative i ressure				
⊠ ≥160 sf or ≥260 lf		emoli	tion			Procedure	E				
	1	0 1 00	ntion	T	⊠ Non-Exe	mpted (*) and No	n-Friable Procedur	T			
Location of		s Loc Norm			Description			Ab	atem	ent T	ype
Asbestos-Containing Material (ACM	n) Us	ed So	lely by	Asbe	Description o estos Containing Ma		Amount	Re	Re	E E	Ē
TO BE ABATED	Ma		ance/ I Staff?		e., thermal systems i	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facility (13)	Cus	12) 12)			surfacing, VAT,		SF or LF)	<u>a</u>		Encapsulate	Sure
(13)	Yes	No	·	1	other miscellane	ous)				ate	
Renovation Area-Offices/Bathro		100000		VATO	NA - 41 -		4050 05		-	_	
				& TAV			1050 SF ·	\boxtimes		П	Ш
Bathroom			10	Mirror	Mastic		16 SF	Ø			
Exterior Roof		\boxtimes		Coping	Stone Caulk		15 SF	\boxtimes			
Name of Registered Waste Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill				
WASTE MANAGEMENT			Hauler II	D No.	Waste	GROWS La					
City, State			William .		7 CY Disposal Date				7.00		
BRISTOL, PA					5/22/12	City, State	DA 40007				
	Trace					WOTTISVIILE	, PA 19067				
Completed By (Print or Type)	Title				Signature		/ · n Dat	e_/	11	,	
GINO PIZZIGONI	Estima	itor			Gia P.	zzegone	11/2	e 5/1	7/1	and .	

5 / 14 /	12				ng Owner/Operator		ART TO A STATE OF THE PARTY OF	Table Same of the Con-	grande Agg	gerer.	
Agencies Notified			Stre	et Address			DEC	E I	W	E	
☑ DOLWD ☐ Amended			and the second second		WASHINGTON S	STREET				Contract of the Contract of th	7/
□ DHSS Amendmen		- 77		State, Zip			I III MAY	17	2012	,	
DCA Emergency	(includi	ng	-		DLIS, INDIANA 4	6204	1		2012		L
(NJAC 5:23-8) justification Cancellation	*		100000000	e of Conta	170.0		Telephone Nu	mber			
Gancellatio					ELICKER - OWN	IERS REP.	1.	anny and	8	Street, and	1
Name of Facility Where Abatement is Ta	kina Dla	00 (2)	FA	CILITY	NFORMATION	-/4	The same of the sa	the state	The state of the last		······································
QUAKERBRIDGE MALL - OLD N	AVV	ce (3)				Type of Facility		Pullings - Aller	lac v		
Street Address						School (K-1	8 (Other than K-1	12)		1/1-	
150 QUAKER BRIDGE MALL						Other (i.e., p	private and comm	ercial I	ouildir	ngs,	
City (5)						homes, etc.					115
LAWRENCEVILLE, NJ						Square Feet	# of Floors	E	3ldg. /	Age	
County (6)	417		Cou	inti Code (TVCTATE HOE ON VA					3	
MERCER			1000	inty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			
Name of Monitoring Firm Hired by Buildin	a Owner	r (8)	ASCN	1 No	Nome of At-			00			
VERTEX	a Owner	(0)	ASCIV	1140.	Name of Abatem				10000		
Street Address		-	L			VIRONMENTA	L, INC.				
1102 BALTIMORE PIKE					Street Address						
City, State, Zip Code					1123 BEAVE		(SAL)				
GLEN MILLS, PA 19342					City, State, Zip C						
Project Manager for Monitoring Firm		To	loobono	NI	BRISTOL, PA	19007					
DON HEIM		l le	lephone	NO.	Telephone No.		License No.				
Start Date (10)	eduled (Compl	etion D	to (11)	215-788-6040		00509				
5 /24 /12			9 /	이 그 이미지 않아 있었다. 1974	Name of OSHA N	207000000000					
						MONINERITA	INIO				
Occupancy Status During Ahatement (Che						VIRONMENTA	L, INC.				
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire F	eck only	one)	-		Street Address	**	L, INC.				_
☐ Facility Closed/Vacated During Entire F☐ Abatement Performed Outside of Norm	eck only Period of	one) f Abate tv Hou	ement	scribe	Street Address 1123 BEAVE	R STREET	L, INC.			7	
☐ Facility Closed/Vacated During Entire F	eck only Period of	one) f Abate tv Hou	ement	scribe	Street Address 1123 BEAVEI City, State, Zip Co	R STREET	L, INC.				
☐ Facility Closed/Vacated During Entire I ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/	eck only Period of	one) f Abate tv Hou	ement	scribe	Street Address 1123 BEAVE	R STREET	L, INC.				
Scope of Work (Check all that apply)	eck only Period of all Facili	one) f Abate ty Hou PM	ement urs - Des AM	scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007					
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Scope of Work (Check all that apply) ☐ >3 sf or >3 If	Period of Period of Period of Pacific Pacific Period of Period Pe	one) f Abate ty Hou PM	ement irs - Des AM	scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Neglosure					
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Gcope of Work (Check all that apply) ☐ >3 sf or >3 If	Period of Period of Period of Pacific Pacific Period of Period Pe	one) f Abate ty Hou PM	ement irs - Des AM	scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Neglosure p Procedure	gative Pressure				
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Gcope of Work (Check all that apply) ☐ >3 sf or >3 If	Period of pal Facili	one) f Abate ty Hou PM	ement urs - Des _AM tion	scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Neglosure p Procedure					
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If Location of	eck only Period of pal Facili F Re De	one) f Abate ty Hou PM enovat emoliti s Loca Norma	ement urs - Des AM tion on	scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer	R STREET ode 19007 ainment with Neglosure procedure mpted (*) and No	gative Pressure	Ab	patem	1	Ť
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Goope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM)	eck only Period of Period	one) f Abate ty Hou PM enovate moliti s Loca Norma ed Sol	ement urs - Des AM tion on tion ally ely by	Scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of the Stock Containing Mai	R STREET ode 19007 ainment with Neglosure procedure mpted (*) and No	gative Pressure n-Friable Procedu Amount	Ab	_	1	Ť
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Goope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	eck only Period of Period of Period of Recili	one) f Abate ty Hou PM enovate moliti s Loca Norma ed Sol aintena stodial	ement urs - Des AM tion on tion allly ely by ance/ Staff?	Scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Main, thermal systems in the store of the sto	R STREET ode 19007 ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation,	gative Pressure n-Friable Procedu Amount (Specify	Ab	patem Repair	1	Ť
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED	eck only Period of Period of all Facili Re De Use Ma Cus	one) f Abate ty Hou PM enovate emoliti s Loca Norma ed Sol aintena stodial (12)	ement urs - Des AM tion on tion ally ely by ance/ Staff?	Scribe	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of the Stock Containing Mai	R STREET ode 19007 ainment with Neglosure 9 Procedure mpted (*) and No f terial (ACM) nsulation, or	gative Pressure n-Friable Procedu Amount		_	1	Ť
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□ Facility Closed/Vacated During Entire F □ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 If □ ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE	Period of or or or or or or or or or or or or or	enovatemoliti s Loca Normaed Solaintenastodial (12)	ement urs - Des AM tion on tion ally ely by ance/ Staff?	Asbe: (i.e.	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Main, thermal systems if surfacing, VAT, other miscellaneon	R STREET ode 19007 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	pative Pressure n-Friable Procedu Amount (Specify SF or LF)	At Removal	Repair	Encapsulate	
□ Facility Closed/Vacated During Entire F □ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE PACE 2101 - CENTER STORAGE	eck only Period of or or or or or or or or or or or or or	enovatemoliti	ement urs - Des AM tion on tion ally ely by ance/ Staff? N/A	Asbe: (i.e.	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Marting, VAT, other miscellaned AL MASTIC	R STREET ode 19007 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 450 SF	At Removal	Repair 🔲 🖂	Encapsulate	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Gope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE PACE 2101 - CENTER STORAGE PACE 2105 - REAR STORAGE	eck only Period of or or or or or or or or or or or or or	enovatemoliti s Loca Norma ed Solaintena todial (12) No	ement urs - Des AM tion on tion ally ely by ance/ Staff? N/A	Asber (i.e. RESIDU Residua FLOOR	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exel Description o stos Containing Mai thermal systems i surfacing, VAT, other miscellaned AL MASTIC II Mastic below C	R STREET ode 19007 ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 450 SF 1200 SF	At Removal	Repair	Encapsulate	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Goope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE PACE 2105 - REAR STORAGE PACE 2114 - MISC.	eck only Period of or or or or or or or or or or or or or	enovate enovat enovate enovate enovate enovate enovate enovate enovate enovate	ement urs - Des AM tion on tion allly ely by ance/ Staff? N/A	Asber (i.e.	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Marting, VAT, other miscellaned AL MASTIC Mastic below Contained to the contained to	R STREET ode 19007 ainment with Neglosure Procedure mpted (*) and No feterial (ACM) nsulation, or ous) Ceramic Tile	Amount (Specify SF or LF) 450 SF 1200 SF 500 SF	At Removal	Repair 🔲 🖂	Encapsulate	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Cope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE PACE 2101 - CENTER STORAGE PACE 2105 - REAR STORAGE PACE 2114 - MISC. ame of Registered Waste Hauler	eck only Period of or or or or or or or or or or or or or	enovate enovat enovate enovate enovate enovate enovate enovate enovate enovate	ement urs - Des AM tion on tion allly ely by ance/ Staff? N/A	Asber (i.e. RESIDU Residua FLOOR RESIDU Vaste	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exel Description o stos Containing Mai thermal systems i surfacing, VAT, other miscellaned AL MASTIC II Mastic below C	R STREET ode 19007 ainment with Neglosure procedure mpted (*) and No ferrial (ACM) nsulation, or ous) Ceramic Tile	Amount (Specify SF or LF) 450 SF 1200 SF 500 SF 1600 SF	At Removal	Repair 🔲 🖂	Encapsulate	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Goope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE PACE 2101 - CENTER STORAGE PACE 2105 - REAR STORAGE PACE 2114 - MISC. Tame of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC tty, State	eck only Period of or or or or or or or or or or or or or	enovate enovat enovate enovate enovate enovate enovate enovate enovate enovate	ement urs - Des AM tion on tion ally ely by ance/ Staff? N/A	Asber (i.e. RESIDU Residua FLOOR RESIDU Vaste	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Mar thermal systems i surfacing, VAT, other miscellaned AL MASTIC II Mastic below (TILE AL MASTIC Cubic Yards of	R STREET ode 19007 ainment with Neglosure Procedure mpted (*) and No feterial (ACM) nsulation, or ous) Ceramic Tile	Amount (Specify SF or LF) 450 SF 1200 SF 500 SF 1600 SF	At Removal	Repair 🔲 🖂	Encapsulate	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) PACE 2102 - REAR STORAGE PACE 2101 - CENTER STORAGE PACE 2105 - REAR STORAGE PACE 2114 - MISC. ame of Registered Waste Hauler BRISTOL ENVIRONMENTAL INC ty, State BRISTOL, PA	eck only Period of or or or or or or or or or or or or or	enovate enovat enovate enovate enovate enovate enovate enovate enovate enovate	ement urs - Des AM tion on tion allly ely by ance/ Staff? N/A	Asber (i.e. RESIDU Residua FLOOR RESIDU Vaste	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Main, thermal systems in surfacing, VAT, other miscellaneous and the surfacing of the sur	R STREET ode 19007 ainment with Neglosure 3 Procedure mpted (*) and No ferrial (ACM) nsulation, or ous) Ceramic Tile Name of Regist GROWS LA	Amount (Specify SF or LF) 450 SF 1200 SF 500 SF 1600 SF	At Removal	Repair 🔲 🖂	Encapsulate	y
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM/ Gcope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Location of Asbestos-Containing Material (ACM)	Period of or or or or or or or or or or or or or	enovate enovat enovate enovate enovate enovate enovate enovate enovate enovate	ement urs - Des AM tion on tion allly ely by ance/ Staff? N/A	Asber (i.e. RESIDU Residua FLOOR RESIDU Vaste	Street Address 1123 BEAVEI City, State, Zip Co BRISTOL, PA Full Cont Mini-Enc Glovebag Non-Exer Description of stos Containing Main, thermal systems in surfacing, VAT, other miscellaneous and the surfacing of the sur	R STREET ode 19007 ainment with Neglosure Procedure Inputed (*) and No feterial (ACM) Insulation, or ous) Ceramic Tile Name of Regist GROWS LA	Amount (Specify SF or LF) 450 SF 1200 SF 500 SF 1600 SF tered Landfill	At Removal	Repair 🔲 🖂	Encapsulate	

Data of Neiffer (4)						C 8:60 ar			193	CILE	P86			
Date of Notification (1) 5/14/12				Name Willli	e of Buildir ie (daug	ng Owner/ hter Asl	Operato i Kalka	r (2)	71.4	1 10				
Agencies Notified	Type Notificatio	on		100000000000000000000000000000000000000	t Address Seventh	Street			IT	7 6		Section and	green e eas	Poy A
DEP X DOL	Amended Amendme Emergence				State, Zip Ihurst, N	Code JJ 0707	1			JE.	6		W	E
DOH DCA	justification Cancellation	1)	ıg	Name Willie	of Contac	ct				Telephon	e Numbe	ar a	2012	
Name of Facility Where house	Abatement is Tak	ing Place	(3)	FAI	CILITY IN	FORMAT	ION	Type of Facil		L ASI	BESTOS (ONTE		
Street Address 754 Pennsylvania	Avenue							School (Subchar Other (i. etc.)	oter 8 (C	ther than e & comr	1-K-12)	DING		nes,.
City (5) Lyndhurst	***		1					Square Feet 2500	1 2	of Floors	S	Bldg 50	. Age	
County (6) Bergen					Code (7)		_	Current Use (Prior if t	eing den	nolished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASC	CM No.		Name ABS	of Abatement (Environmer	Contract	or (9) rvices,	LLC			
Street Address						Street	Address Bate Drive, F							
City, State, Zip Code							tate, Zip Code wood NJ 07	418						
Project Manager for Mor	nitoring Firm			Telepho	one No.			one No. '64-2276		Licen:	se No.			
Start Date (10) 5/23/12		5/30/1	2	mpletion	Date (11))	Name	of OSHA Monit	or					
Occupancy Status Durin Facility Closed/Vac. Abatement Perform Other – Describe:	ated During Entire	Period of	Ahatai	ment 's			N.	Address ate, Zip Code						
Scope of Work (Check A ≥3 sf or ≥3 If × ≥160 sf or ≥260 If	ll That Apply)	Firmone	Renova Demoli				×	Full Contain Mini-Enclosi Glovebag Pi Non-Exempt	ire ocedure	9			re	40,
Location	of		Norma	lly		Des	cription o	of					temen ype	t
Asbestos-Containing TO BE ABA In Facili: (13)	TED	Ma Cus	ed Sole aintena todial ((12)	nce/	Asbes (i.e.	stos Conta . thermal s	ining Ma systems ing, VAT	iterial (ACM) insulation, , or		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
baseme	ent .	Yes	No	N/A X	-	fl.	or tile		<u> </u>				ite	Ф
	basement basement						nsulati		-	50 SF	X	-		
garage		X			cite wa		-	30 LF	X		ļ			
garage ro		×						70 SF	X	-				
Name of Registered Wast Lewark Carting	Н	JDEP W auler ID 509		Cubic Your of Waste				00 SF ered Land	dfill	<u> </u>	<u></u>			
City, State Lewark NJ	ty, State					Disposa TBD	l Date	City, Sta Bethle		Α				
Completed by Indrew Scott Higgins		Title Presi	dent			Sig	nature /	m			Date			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pursu	ant	to NITA	C 8:6	0-7 and 12:120-7	1					
Date of Notification	on (1)					g Owner/Operator			of topic parties.	W1 11 24	W	2000
5/14/12			F	Estai	te c	f Anthony	J.Pace	1 Course	F (8)	one construction	7 0	0
Agencies Notified	Type Notific	cation	Stre	et Add	iress			1177	5 (E	11-14	1 / E
[]EPA	[X]Initial		1	L2 Fi	remo	nt St.			an learning where transcess		100 00 000	
[]DEP	Notifi	cation	City	, Stat	e, Zi	p Code			hi AV		7 10 10	
[X]DOL	[]Amended		0.0			nge, NJ 070	052	U U	WAY	1 /	20	/12
[X]DOH	NOLITI	cation	Name	of Co	ntact		Talanho	one Number			-	
[]DCA	[]EMERGEN		An	thony	J.E	ace Jr.	rerepiic	ne Number		OS CO		8
	t Tourcett	acton		FAC	ידד.דייע	INFORMATION			1000000			-
Name of Facility Wh	nere Abatement	is Takin	ng Pl	lace (3	3)	INFORMATION	Type of Faci	lity (4)				
Private							[]School					
Street Address							[]Subcha	pter 8 (Oth	er tha	n K-	L2)	
12 Fremont S	St.				¥2		[x]Other	(i.e., priv buildings,	rate & homes,	etc	er- .)	
City (5)		County	16)		la		Square Feet	# of Flo	ors I	Bldg.	Age	
West Orange		Esse				ounty Code (7) STATE USE ONLY)	2400 Current Use	2 (Prior if h	eina d	75	shed	3)
							Residen					.,
Name of Monitoring Owner (8)	Firm hired by	Building	J AS	CM No.		Name of Abate						
N/A			6	7		AZTECH M	IANAGEMEN'I	, Inc.				
Street Address					*:	Street Address	s topher St					(11)
City, State, Zip Co	đe					City, State,		·				
							r, NJ 070	42				580
Project Manager for	Monitoring F	irm Tel	epho	ne Num	ber	Telephone Numb			Licens	e Nur	ber	
		N/	A			(973) 744	-8800		003	71		
Scheduled Start Date	12 AC 10 10 10 10 10 10 10 10 10 10 10 10 10	d. Compl		n Date	(11)	Name of OSHA N	Monitor					
5/24/12 Month Day Yo	2000 E 1000	/25/12				N/A						
Occupancy Status Du	ring Abatemen	(Check	only	one)	-	Street Address	-					
[X]Facility Clo of Abatemen	sed/Vacated D	uring Ent	tire	Period	i	Durest Maires	•					
[]Abatement Pe	rformed Outsi	de of Nor	rmal	Facili	ity	City, State, 2	Kin Code					
Hours - Desc []other - Desc	ribe: «OffHour	s Descrip	Desc	rint»		1						
Scope of Work (Check			2000	,IIDC//		1						
[X]>3 sf or			Ren	ovatio	n	[]Full (Containment wi Enclosure	th Negativ	e Press	sure	•	
[]≥160 sf o	or >260 lf			olitio		[X]Gloveb	pag Procedure					
			Is		T-	[]Non-Fr	riable Procedu	re	lab	ateme	n	
Location Asbestos-Con			cati			Description				T	E	E
Material			Used			Asbestos-Cont Material (Amount (Specif	_ E	R	C	C
TO BE AR			Mai nanc			(i.e., thermal		SF or	o	P	P	O
(13)	TCY		stodi		1	nsulation, surfa or other miscel		LF)	V	I	U	S U
D	and when the same of the same	Yes	No	N/A					L		L	R E
Basement				X	Pip	e Insulatio	on	40 lf	х			
		+				·				-	-	
Name of Registered W AZTECH MANAGE		C Hau		ID No.		bic Yards Waste 0.75	Name of Regi.		fill			
City, State	,	17	040)				υ. ————————————————————————————————————				8
Montclair, NJ	07042				2000	sposal Date 5/28/12	City, State Morrisvi	lle, PA	190	57		
Completed By (Print	or Type) Tit	le					1	-				
Constantine Vi		esiden	nt			Signature'	7//	/	Date 5/14			
						1 len	(cilla)		5,14	,		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	on (1)		Name of	E Buil	ding Owner/Operato	or (2)	10.00	am contigue	19		
5/14/12			Ca	rl P	restien		The same of the sa		D P	- The street	mounts
Agencies Notified	Type Notifica	tion	Street	Addre	SS			JE E	11 1	1 1	5
[]EPA	[X]Initial		142	Eve	rett Pl.				-	- Contraction	
[]DEP	Notifica	tion	City, S	State,	Zip Code		11 11 14	V ,	7		- #
[X]DOL	[]Amended				ood NJ 07631		JU LI W	1) [/ 20	12	
[X]DOH	Notifica	tion	Name of	Cont	act	Telep	hone Number		10 10101		3
[]DCA	[]EMERGENCY		Car	l Pr	estien			#S 00	NTROL	. 8	
	[]Cancellat	ion					AND AND AND AND AND AND AND AND AND AND	LICENS	MO	Santana year.	Marine a
					ITY INFORMATION			Principal C	*6		
Name of Facility Wh Private	ere Abatement i	ls Taki	ing Plac	e (3)		Type of Fac					
		- 8				12 25 35 20	ol (K-12) napter 8 (Othe	r than	K-12	21	
Street Address	D1					[x]Other	(i.e., priva	te & c	omme	c-	
142 Ever	rett PI.						buildings, h				
City (5)	lc	ounty	(6)		County Code (7)	Square Feet 2400	# of Floo	rs B.	1dg 70	Age	
Englewood		Berg	gen		(STATE USE ONLY)		(Prior if be	ing de		shed)
					id	Reside		,			
Name of Monitoring Owner (8)	Firm hired by E	uildin	ng ASCM	No.		ement Contrac					100
N/A	2002/X-200 DELIGNOS -		67		AZTECH	Managemen	NT, Inc.				
Street Address					Street Addre						
					86 Chri	stopher S	St.				
City, State, Zip Co	de				City, State,	₹				-	
						ir, NJ 07	/042				
Project Manager for	Monitoring Fir		lephone /A	Numbe:	100		I	icense		er	
					(973) 74			0037	/1		
Scheduled Start Dat 5/24/12		. Comp 25/12	letion I	Date (Name of OSHA	Monitor					
	ear Mon		L Day	Year	IV/A						
Occupancy Status Du [X]Facility Clo	ring Abatement	(Check	only or	ne)	Street Addres	ss					
of Abatemen	it										
[]Abatement Pe	erformed Outside cribe:«OffHours			cility	City, State,	Zip Code					
[]other - Desc	ribe: «Other Occ	cupancy	y Descri	pt»							
Scope of Work (Check	k all that appl	у)									
[X]>3 sf or	>3 1f	r	X] Renova	tion	[]Full	Containment	with Negative	Press	ure		
[]>160 sf]Demol:			-Enclosure ebag Procedur	e				
			Is		[]Non-1	Friable Proce	dure	1-1			
Location	n of		Location Normally		Descripti	on of		Aba	temer	nt I	E
Asbestos-Cor Material	· 100 100 100 100 100 100 100 100 100 10		Used Solely		Asbestos-Cor Material		Amount	R	RE	N C	C
TO BE AB	ATED		By Main-		(i.e., therma		(Specify SF or	o	PA	A P	L
In Facil (13)	-	C	cenance/ ustodial		insulation, surf or other misce		LF)	V	I	S	S
		Yes	No No	N/A	or other misce	erraneous)		L	R	L	R
Basement			X	P	ipe Insulati	.on	16 lf	X			
							A STATE OF THE STA				
Name of Registered V AZTECH MANAG		На	DEP Was		Cubic Yards of Waste 0.50	Name of Red G.R.O.W	gistered Land	Fill		eserce in col	
City, State		1	7040		Disposal Date					- 1:02	
Montclair, NJ	07042				5/28/12	Morrisv	ille,/PA	1906	7		
					1 7	1	_ / / = A	1000	,		
Completed By (Print or Type) Title				West Control of the Control	D/:	1 / /		T	-		-
Completed By (Print Constantine V		e side			Signature	4-1	1/	Date			



Date of Notification (1)			N	ame of E	Building C	Owner/Operator	(2)			W		1	
M	ay 15, 2012		Na	ational	Securit	ies Corporat	tion						
Agencies Notified	Type Notification		S	treet Add	dress				1 - 11		1		
⊠ EPA	Initial		12	0 Broa	dway, 2	27th Floor			MAY_1 7	2012		1	
DEP	Amended		C	ity, State	e, Zip Co	de					1	1	-
DOL	Amendment #		- Ne	ew Yor	k, NY 1	0271		1	. NORCETOC CON	TROL 2			
DOH DOH	Emergency (in justification)	ncluding	N	lame of 0	Contact			3	Telephone Nu	nber °			
DCA	Cancellation		St	ephen	Jones			Torr majetorial		2000			
						RMATION			-ewindstatte (1) flow	1000			
Name of Facility When	re Abatement is Taking	Place (3)			Galacter Street Line		Туре	of Facility (4)	*		- 1	V 17	-
Building								School (K-12)					
Street Address		10.7						Subchapter 8	(Other than K-1 vate & commerc	2) ial build	inge	home	
800 South Ave.							\boxtimes	etc.)	vate & commerc	iai buliu	nigo,	Home	٥,
City (5)							Squa	re Feet	# of Floors	BI	dg. A	ge	
Plainfield, NJ							1 *		*				
County (6)			TO	Jounty C	ode (7)		Curr	ent Use (Prior	if being demolis	hed)			
2.000 1 (2.000,000)			0	STATÉ U	SE ONLY)	j			Building				
Union Name of Monitoring F	irm Hirad by Building (Juner (8)		ASCM	No	Name	e of Aba	atement Contr			-		
1.00	illii Alled by Bullding C	Wilei (0)		TO ACT DATE OF THE	110.	-508/2020/44		Group, LL					
AET				0021		40.000	et Addre						
Street Address									TE 200				
907 Doolittle Drive								HWY N, S	STE 209			-	
City, State, Zip Code						A CONTRACTOR		Zip Code					
Bridgewater, NJ 08	dgewater, NJ 08807							NJ 08034					-
Project Manager for M	Monitoring Firm		1	Telephon	e No.	h	ohone N		License	No.			
Eric Houseknecht			(9	08) 21	8-1108	/		- 5000	00781				
Start Date (10)		Schedule	d Com	pletion D	ate (11)	Nam	e of OS	SHA Monitor					
5-17	-12		Ę	5-25-12	2	The I	MACK	Group, LL	.C.		_		
Occupancy Status Du	iring Abatement (Chec	k Only On	e)			Stree	et Addre	ess					
Facility Closed/V	/acated During Entire F	Period of A	batem	ent		1500	Kings	S HWY N, S	STE 209		-		
Abatement Perfo	ormed Outside of Norm	al Facility	Hours			City,	State,	Zip Code					
Other - Describe):					— Cher	ry Hill	, NJ 08034	76 E ²				
Scope of Work (Chec	k All That Apply)			-			-				-0-0		
>3 sf or >3 lf	11		enovat	ion			XE	ull Containme	nt with Negative	Pressu	re		
≥160 sf or ≥260	If	AT ALMOST A	emoliti					ini-Enclosure	m mm rogamo		1773		
KN							III G	lovebag Proc	edure :	la Desas	dura		
				т			L N	on-Exempted	(*) and Non-Friab	le Proce		emen	
		11000	Location	1337.142						i		ype	L I
	ation of	525000	Normall d Solel	- Table 1		Description				-	Т	1	Γ '
	ning Material (ACM)		u Solei intenar			tos Containing			Amount (Specify	ת		E	Ш
No. 177 1170	ABATED acility	Cust	todial S	staff?	(1.e	. thermal syste surfacing, \			SF or LF)	em	Re	ap	iclo
	13)		(12)			other miscell			*	Remova	Repair	Encapsulate	Enclosure
										<u>m</u>	1	ਰਿ	(D
		Yes	No	N/A		The state of the s				1	-	+	-
mezzani	ne / office		X			Vat/Ma	stic		2500 s/f	X	, -	-	-
	."_		X			sheetrock co	ompou	und	2250 s/f	X			
			/\										
				-			-					+-	-
											1_		1
Name of Registered	Waste Hauler		0.00000	J DEP W		Cubic Yards	3	Name of I	Registered Land	nill.			
N			H	lauler ID		of Waste		Cumharl	and County L	andfill			
Newark Carting				450	J9	47.5 Disposal Da		City, State		.ariulill	-		
City, State						A STATE OF THE STA		1,537					
Newark, NJ		1				5-25-		Newburg		Date	-		
Completed by		Title				Signat	are/	12			70		
Mike Cooper		Presid	dent				1		5	/15/12		_	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6747 Name of Building Owner/Operator (2) Date of Notification (1) 5/14/12 Union Township Public Schools Agencies Notified Type of Notification Street Address 2369 Morris Ave. **EPA** [] Initial DEP Notification [] City, State, Zip Code Emergency DOL Union, NJ 07083 Amended DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation Thomas Wiggins STUD TONTROL **FACILITY INFORMATION** LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Battle Hill ES Street Address 2600 Killian Place Square Feet # of Floors Bldg. Age 60000 ~ 60 County Code (7) City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Union Union Offices Name of Monitoring Firm Hired by Building Owner Name of Abatement Contractor (9) ASCM No. Birdsall Services Group, Inc. 00017 Jupiter Environmental Services, Inc. Street Address Street Address 65 Jackson Drive 3 Lynn Court City, State, Zip Code City, State, Zip Code Cranford, NJ 07016 Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 973-709-0200 00852 Michael Krupa 908-497-8900 Scheduled Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) J & S Environmental Laboratories, LLC 5/25/12 5/31/12 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: evenings and weekend Union, NJ 07083 [] Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure [] Demolition Renovation [x] Mini - Enclosure Glovebag Procedure [x] ≥3 sf or ≥3 If [x] Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Normally Used Description of Type Amount Asbestos - Containing R R E Location of Solely by E E Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E N N SF or LF) P C Material (ACM) todial Staff (12) (i.e., thermal systems M C Α TO BE ABATED insulation, surfacing, VAT, 0 Α L or other miscellaneous) V 1 P 0 In Facility S S R (13)N/A A Yes No L U U Pipe insulation & debris cleanup (if any) 40 LF Various Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. Of Waste Minerva Landfill Jupiter Environmental Services 04782 Disposal Date City, State City, State Waynesburg, OH Lincoln Park, NJ 5/30/12 Completed By (Print or Type) Signature Date Title 5/14/12 Pane Repic General Manager

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Data of Natification (1										Check	#6	746
Date of Notification (1	5/14/12					r/Operator (2) Public Schools		EGE	I NA E		7	
Agencies Notified [] EPA	Type of Notifica	tion S	treet.	Address		usile contons			II V. L		W. T. W. C. St.	1
[] DEP [x] DOL	Notification [] Emergency [] Amended	, 0		tate, Zip	Code 07083			MAY 1	7 2012		Carrie Carrie Species	
[x] DOH	Notification	1						ASRESTAS				
[] DCA	[] Cancellatio	1000		of Conta	iggins		L. Land	Telephone N	umber		- Control	
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Name of Facility When	e Ahatement is Ta	akina Pla	re (3)		FACILI	TY INFORMATION	Type of Facilit	hv (4)				
Union BOE Adm			100 (0)				[] Scho	ool (K-12)	- 4b 1/ 40\			
Street Address		- J.					Othe	ool (K-12) chapter 8 (Othe r (i.e. private a	nd commercia	al buildi	ngs,	
2369 Morris Ave).						nom	es, etc.)				
City (5)		County	(6)		Co	ounty Code (7)	Square Feet 40000	# of Flo	200000000000000000000000000000000000000	ldg. Ag 60	е	
Union		Unior				TATE USE ONLY)	Current Use (Prior if being de		00		-
Name of Monitoring Fi	rm Hired by Buildi			ASCM N	lo.	Name of Abatem	Offices	9)			_	
Birdsall Services	74.77 (\$0.50)	9 01111		00017			lupiter Envir	7.0	Services I	nc		
Street Address						Street Address	Spitor Eller	- minoritar C	20111000, 1	. 10.		-
65 Jackson Drive	e						Lynn Court	t		.05		
City, State, Zip Code	016					City, State, Zip C		N. 1. 0700	_	3333		
Cranford, NJ 07(Project Manager for Mo		Tolo	nhone	Numbe			Lincoln Park	(, NJ 0/03				
Michael Krupa	onitoning Film			7-8900		Telephone Numb	973-709 - 020	20	License		r 085	52
Scheduled Start Date (5/25/12		d. Comp		Date (1	1101	Name of OSHA			aboratorie			
Occupancy Status Dur [] Facility Close [x] Abatement Pe	ing Abatement (Cled/Vacated During erformed Outside of	Entire F	eriod	of Abate	ment	Street Address	333 Route 2					
Descr	ribe: <u>evenings ar</u> ibe:	nd week	end	, 7.100.		City, State, Zip C	^{ode} Jnion, NJ 0	7083				
Scope of Work (Check	all that apply)						/ 1 E	ull Containmon	t with Negativ	o Droo		
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥26	60 If			[X]	Renov	ration	[x] M [x] G	ull Containmen lini – Enclosure lovebag Proce on – Friable Pr	e dure	re Press	sure	
			Local								ater	nen
							iption of - Containing		Amount	R	pe R	E
Material (A	Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility Normally Used Solely by Maintenance/Cus todial Staff (12)					Materi (i.e., therr insulation, s	al (ACM) nal systems urfacing, VAT, scellaneous)		(Specify SF or LF)	E M O V	E P A	NCAP
(13)		Yes	No	N/A			.			A	R	S
			x	Pipe ir	nsulation & debris	cleanup (if any	<u>'</u>	15 LF	-	x	U	
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/arious				<u> </u>								- 1
Name of Registered Wa		s Ha	uler II		97739	ubic Yards f Waste	Name of Reg Minerva L	istered Landfill andfill				
Name of Registered Wa Jupiter Environm		s Ha		No.	Of	f Waste 1	Minerva L					
Various Vame of Registered Wa Jupiter Environm City, State Lincoln Park, NJ		s Ha	uler II	No.	Of Di			andfill.				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification (₁₎ 5/14/12					er/Operator (2) Public Schools			an enter an entertion		tore w		240
Agencies Notified				Address	10 ST 10 ST	T ubile octions				MARKET MARKET MARKET	Miles and	-	
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[x] DOL	[] Emergency [] Amended Notification	U		n, NJ		3		U MA	Y 17 20)12		J	P. Company
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[] DCA	[] Cancellation	י דו	nom	nas W	iaains		1	7		1 4	1		
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Name of Facility Whe	ere Abatement is Ta	king Plac	e (3)				Type of Facility (4) School (K-		than K-12) I commercial		Allen and	orkanie	.1
Street Address			-				Other (i.e.	private and	commercial	buildir	igs,	0.5	1000
1000 Caldwell A	Ave.						homes, et	tc.) # of Floor		dg. Ag			
City (5)		County (6)		C	County Code (7)	60000	2	~ 6		-		
Union		Union			(5	STATE USE ONLY)	Current Use (Prior	if being den	nolished)				rinita
Name of Monitoring F	irm Hired by Buildin	na Owner	- 1	ASCM N	lo.	Name of Ahatem	Offices ent Contractor (9)						
Birdsall Service	and the first of the contract of the second	ig Owner	1000	00017	9,000		upiter Environm	antal Sa	anvices In				
Street Address	o Oroup, mo			00017		Street Address	apiter Environin	ici ital St	JI VICES, II	iC.			_
65 Jackson Driv	/e						Lynn Court						
City, State, Zip Code			204,100			City, State, Zip C							_
Cranford, NJ 07	7016						Lincoln Park, N.	1 07035					
Project Manager for M		Telep	hone	Numbe	r	Telephone Numb		01000	License N	lumbei			_
Michael Krupa				7-8900			973-709-0200		Liochisch		08	52	
Scheduled Start Date	(10) Sched	d. Comple				Name of OSHA		in in the second			-	72	
5/25/1		5/31					J & S Environme	ental Lal	ooratories	LLC	2		
Occupancy Status Du						Street Address	F-1			200		-	Sel.
	ed/Vacated During					2	333 Route 22 V	V					
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[] Other – Desc		id WCCKC	ilu				Jnion, NJ 07083	3					
Scope of Work (Chec	k all that apply)												
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[1] ≥160 sf or ≥2								Friable Pro					
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		Norm	nally	Used	1		iption of			Ty	pe	1101	
Locatio			olely				- Containing		Amount	R	R		E
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In Fac							scellaneous)			V	1	P	(
(13))	Yes	No	N/A						A	R	S	5
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				-									
Name of Registered V	Vaste Hauler	I N.IF)FP1	 Naste	1	Cubic Yards	Name of Registere	ed Landfill					_
Jupiter Environn		s Hau	ler II	O No.		Of Waste	Minerva Land						
City, State		0	4782			1 Dienosal Data	City, State					*******	-
Lincoln Park, No	1					Disposal Date 5/30/12	Waynesburg,	OH					
		Title					I vvaynesburg,	OH	Dota				_
Pane Repic	mpleted By (Print or Type) Title General N					Signature	2	er	Date 5/14/	12			
SB-41		1	- (4)	(3) - 	(4				

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Date of Notification (1)	(Pur	1	to NJAC 8: 60 and 12: 120-)	. (2)	Print I			1	11 11
		1	ame of Building Owner/Operato nomas J. O'Beirne	(2)	J U MAY 1	7 2	012	900	
Agencies Notified Type of Notification		1 22	reet Address	-	and the second s			1	
[X] EPA		-	Woodland Road			COMER	01 2		
[] DEP [X] Initial			ty, State, Zip Code	-	LICEN	ISING			
[X] DOL [] Amended Amendment #		R	oseland NJ 07068		×2:125000	·			
[X] DOH Emergency (including Justification)			nme of Contact		Telephone Nun	ber			
[] DCA [] Cancellation			nomas J. O'Beirne						
Name of Facility Where Abatement is Taking Place (3)		FACI	LITY INFORMATION	Type of Facility	(4)				
Commercial Building Street Address				1 1	School (K-12) Subchapter 8 (Other th	on V 1	2)		
				[X]	Other (i.e., private & co				
1265 McBride Avenue City (5) County (6)		Con	to Code (7)	C	buildings, homes, etc.)				
County (b)		795 6 850	inty Code (7) ATE USE ONLY)	Square Feet	# of Floors	1	3ldg, A	ge	
Woodland Park Passaic			37*	Current Use (Pi	rior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)	ASC	M	Name of Abatement	Contractor (9)					
Street Address			J.R. Contracting &	Environmental Co	onsulting, Inc.				
			1141 Route 23						
		-	City, State, Zip Code	:					
			Wayne NJ 07470						
Project Manager for Monitoring Firm To	elephone	Numb	er Telephone Number		License No.				-
		nariton.	973 628-9500		00408				
Scheduled State Date (10) Scheduled Completic O 5 1 4 / 1 2 0 5 Month / Day / Year Month /	Day	L	Name of OSHA Mor Enviro Vision Consu						
Occupancy Status During Abatement (Check only one)	24,	-	Street Address				-		
[X] Facility Closed/Vacated During Entire Period of Abatement			20-21 Wagaraw Roa	d, Bldg. #34A					
Abatement Performed Outside of Normal Facility I	lours		City, State, Zip Code						
Other - Describe:		_	Fairlawn NJ 07410						
Scope of Work (Check all that apply)			1.1	Full Containme	nt With Negative Pressure				
	X] Reno		ii	Mini-Enclosure	iit with regative riessure				
$\begin{bmatrix} 1 \\ \ge 3 \text{ sf or } \ge 3 \text{ lf} \end{bmatrix}$ $\begin{bmatrix} X \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	Demo	olition	[]	Glovebag Proce					
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	ls							E	E
20.00.000.000.0000.0000	Location Normally		Description of Asbestos-Containing		Amount	R	R	N C	C
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Name of Registered Waste Hauler N.	DEP Wa	ete	Cubic Vards of Wasts	IN.	Pagistara I I - 100				
H	uler ID 8	in.	Cubic Yards of Waste		Registered Landfill				
J.R. Contracting & Environmental Consulting, Inc. City, State	17819		Disposal Date	G.R.O.W City, Sta					
Wayne NJ 07470			- apoon Date	Morrisvi					
Completed by (Print or Type) Title			Signature	/ partian	Date				
Jerry Bijelonic Project Manager			(1)/						
Jerry Bijelonic Project Manager ASB-41	CONTRACTOR OF THE					5/1	1/2012 G4667		

mochach

Fax:

May 7,2012 04:26pm P001/001

APPROVED
NYDepthol Health & Senior Service

Date of Notification (1)			Name	of Bullding	Owner/Ope	raior (2)	State Annual Property of the Parket of the P	130-1-0-4			
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Name of Facility Where Abalement is Taki	ng Place	(3)					Type of Facility	(4)				
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Street Address		10000					☐ Subchapter	8 (Other than K-12)			
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Lake Hiawatha							Square Feet	# of Floors		dg. A	ge	
County (6)	•		Cour	ily Code (7	XSTATE USE C	MLY)	Current Use (P	for if being demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner	(8) 1	ASCM	No	Nome of Ah	ntama	nt Contractor (9					
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City, State, Zip Code	17				City, State,	Zip Co	ade No	i Mari		177.73		
Project Manager for Monitoring Firm	41	Tele	phone	Na.	Telephone I	III	MILIA	Licepse No.				•
Michael Chain				1-92231	272)1	085	-10/075	1/1/3	R			
	duled C				Name of OS	HA M	onilor	1 1000				
21011	<u>/</u>	_7	_ ' -	12								
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P					Street Addre	233.						
Abalement Performed Outside of Norm				adha	A1: 4: :		,				w ar wara	
Time of Abatement:AM		_PM-		MA	Cliy, State, 7	∠ip Ço	de					
Scope of Work (Check all that apply)					ri c.d	I Cont	alnment with Ne	nailya Dyaranya				
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⊠ ≥160 sf or ≥260 lf	☐ De	molic	תו				Procedure					
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City, State	***	1		-	Disposal Dal	le	City, State		100 Telephone			
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Completed By (Print or Type) Til	Ē,	-	100	0	Signatu	re.	The state of the s	Da	le,			-
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Date of Notification (1 5-14-2012)				f Building Own s, Inc.	er/Operato	or (2)		in the second			OF STATE		49.73
Agencies Notified	Type Notification			Street A	ddress		7		(10)	FIE		=	W	E
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DEP	Amended	1150			ate, Zip Code				· ·	All.				
X DOL	Amendment Emergency			Orang	ge, NJ 0705	0			- 11	Fill N	IAY	1 7	201	2
DOH DCA	justification)				f Contact				Tel	ephone Nu	mber			
DCA	☐ Cancellation	r –		Andre	ew .		14			f.	25050			
Name of Facility Whe	AL-4	- DI - //		FAC	LITY INFORM	ATION	T =		+ +	<i>(</i> 10)	ULUI V	200	1111	Ü
Abandoned Bldg		ig Place (5)					of Facility (Eparteuro Novombonio del Co	and the latest and th			-
Street Address	. 101 Demonition							School (K-1			andley.	G. 1854.	quet que	
555 Nassau Stre	et						×	Other (i.e. p	rivate 8	er than K-1: & commerci	al buile	dings	, home	es,
City (5)							Square	tc.) e Feet	# of	Floors	TB	ldg. A	Age	
Orange							2000		2			50+	-3-	
County (6)					Code (7)		Currer	nt Use (Prio	or if bei	ng demolish	ned)	-		
Essex				(STATE	USE ONLY)		Abar	ndoned E	3ldg. f	or Demo	ì			
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCN	/ No.			ement Con		(9)				
n/a				n/a		Jad	ar Con	tracting,	LLC					
Street Address							t Addres	70						
n/a							Troy La							
City, State, Zip Code						9	State, Zip							
n/a								rk, NJ 07	7035					
Project Manager for N n/a	lonitoring Firm			Telepho	ne No.		hone No			License N	0.			
		Calcalat			D / (//)		-709-7			01088				
Start Date (10) 5-25-2012		6-1-20		npietion	Date (11)			A Monitor tracting,	шс					
Occupancy Status Du	ring Abatement (Chec			2117			t Address		LLC	- History				
			esta en				Troy La							
Abatement Perfo	acated During Entire I rmed Outside of Nom	Period of A	Abaten / Hours	nent :		0.000	State, Zir			<u> </u>				
X Other - Describe						1		rk, NJ 07	7035					
Scope of Work (Check	(All That Apply)									-	-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 i	ŗ	- promoting	Renova Demolit				Mini Glov	i-Enclosure vebag Prod	e cedure	Negative F			e	
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Locat	ion of	111 11111111111111111111111111111111111	Normal			Description	n of				-	Ty	ре	_
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		Yes	No	N/A									te	æ
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Boiler Room Ba		X	,	ACM Del	bris		20	00 SF	×					
					and the second s									
Name of Registered W	aste Hauler		0.000	JDEP W		bic Yards		Name of I	Registe	red Landfill		L	L	1
Global Waste Ser	vices		15500	auler ID 2171		Waste 3D		110 Sa	nd Co	mpany				
City, State Hacketstown, NJ			1	sposal Date	9	City, State Mellevi				1				
Completed by		Title				Signatur	e			∿ TDa	ate			
Lillie Lazarevich			etary				0:0	P	ς	9	-14-2	012		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Notification / Check #:4718

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Date of Notification	n (1)		Na	me o	f Bu	ildin	g Owne	r/Operato	r (2)		U	7		1			
0 5 / 1	New Jersey Institute of Technology Street Address MAY 1 7 2012																
Agencies Notified										MAY 1	7 20)12	1 4	IJ			
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[]DEP	[X]Initial Notification						p Code		/	ASBESTOS (ONTRO	1 &	1	-			
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[]DCA	11	licha	al Th	omps	on							1.0					
			11.1				NFORM	TTON									
Name of Facility W	nere Abateme	nt is Ta	king				TE OUT	110%	Type of Facili	ty (4)							
									X School	(K-12)		er energy arreits					
New Jersey Institute	of Technolog	gy - Cent	ral K	ing E	Bulla	ing			[]Other	pter 8 (Oth	rate 8	COL	mer-				
								1	cial t	wildings,) # of Floor:	omes	ig.	:.) \ge	_			
345-361 Dr. Martin L	uther King J	. Boulev	ard	-		Cor	inty C	ode (7)	50,000	4		45					
City (5)		Codite	, , ,	,				SE ONLY)	Current Use (rior if be	ing d	emol:	shed	1)			
Newark, NJ 07102		Essex		1507	-E1	1_		25 25-22	School ment Contractor	- 79)							
Name of Monitoring Owner (8)	Firm Hired	by Bullo	iing	ASC	M NC	٠.	Name	or woater	ment Contractor	. (2)							
N/A							Four Strong Builders, Inc.										
Street Address																	
							180	Sargeant /	Avenue								
City. State, Zip C	oae																
Project Manager to	r Monitorino	Firm T	Tele	Lephone Number			Clifton, NJ 07013-1935 Telephone Number License Number										
riojece namager re				•				614-0377		0080	7						
Scheduled Start Da	te (10) So	hed.Com	plet	ion l	Date	(11)		of OSHA	Monitor	10000							
0 5 / 1 1 / 1 2 0 5 / 2 1 / 1 2 Month / Day / Year Month / Day / Year Occupancy Status During Abatement (Check only one)						21	Four Strong Builders, Inc.										
Occupancy Status D (X) Facility Clos																	
of Abatement							180	Sargeant ,	Avenue								
[]Abatement Performed Outside of Norm Hours - Describe:																	
[]Other - Descr			_				Clift	on, NJ 070	013								
Scope of Work (Che		abbīA)			SAUSSON AND STREET				Containment w	ith Negativ	e Pre	ssui	e	20			
[]Demolition []>3 sf or >3 lf				[X]Renovation				<pre>[]Mini-Enclosure []Glovebag Procedure [X]Non-Friable Procedure</pre>									
[X]∑160 sf	or ≥260 lf							[X]Non-	Friable Proced	ure			E 75				
			Lo	Is cati	on							emer	E	pe E			
Location of Asbestos-Containing				Normally Used				lescriptio stos-Cont	aining	Amount	R	R E	N C A	N C			
Material (ACM) TO BE ABATED				Solely by Main-				thermal		(Specify SF or	M	P	P	C T. O			
in Facility (13)							nsulat	ion. surf	acing, VAT, ellaneous)	LF)	V	A	S	S U R			
(20)			St	Staff(12) Yes No N/A			100				L	R	L	R			
Exterior Front of Building			165	110	X	-	rior Window Caulk			850 LF	X						
	•		1	1	+												
			1		1	1				F	1						
			-	1		1					1						
Name of Registered	Waste Haul	er			Was			Yards	Name of Regis	stered Land	riii						
- O - D :: .			Hauler ID No.				of Wa	aste	G.R.O.W.S., Inc.								
Four Strong Builder	s, Inc.			1260	9	100	30 Dispo	osal Date	CITY, State	110.							
12-7-277 - 277 - 2700///22/7/23									Tulk days DA								
Clifton, NJ	t or Tuna	Title					IBD	TBD Tullytown, PA				Date					
								D	* _								
Bilyana Kulakovska							5/10/12										
ASB-41 JUN 95														c 7			

1295

			(Pu	rsuant 1	to NJAC 8	:60 and	12:120		TA)+	EC	展9	心	E	Electric States			
Date of Notification (1) 5-14-2012			Building Con Alexa		erator	K	the deather than	Land 1		Annual Services	The second						
Agencies Notified		Street Ad				UU	MAY	17	20	12	2 4						
EPA [-		Sleepy H te, Zip Coo		ane	*****						1					
DEP Amended Amendment # Emergency (including					eld, NJ (ASBESTOS CONTROL &									
X DOH		Name of				Telephone Number											
DCA [David			- 1	The second secon											
Name of Facility Where Ab	atement is Takin	g Place (3)	FACI	LITY INFO	RMATIO	N	Type of Facility (4)					_			
House		3	,					School (K-1									
Street Address								Subchapter	8 (Other			dinae	home	20			
1734 Sleepy Hollow	Lane							etc.)				- 5		,s, 			
City (5) Plainfield	**							Square Feet 2000	2	Floors		81dg. A 50+	ge				
County (6) Union		County C	Code (7) ISE ONLY)		_	Current Use (Prior if being demolished) House											
Name of Monitoring Firm H		ASCM n/a	No.			of Abatement Cor	9)										
n/a								Jadar Contracting, LLC									
Street Address n/a	Street Address 22 Troy Lane																
City, State, Zip Code							City, State, Zip Code										
n/a							Lincoln Park, NJ 07035										
Project Manager for Monitoring Firm					Telephone No.			one No.		License No.							
n/a		n/a	2-4- (44)			706-7950		01088									
Start Date (10) 5-23-2012	012	ipietion L	Date (11)		Name of OSHA Monitor Jadar Contracting, LLC												
Occupancy Status During	Street Address																
Facility Closed/Vacated During Entire Period of Abatement							22 Troy Lane City, State, Zip Code										
Abatement Performed Outside of Normal Facility Hours Other – Describe: 9am - 5pm						_	07035										
Scope of Work (Check All	That Apply)			***************************************						171-179							
X ≥3 sf or ≥3 lf X Renovation ≥160 sf or ≥260 lf Demolition							Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		Is	Locati	on				2 Hon Example	0 () 00		T	Abat	ement				
Location of Nor Asbestos-Containing Material (ACM) TO BE ABATED In Facility Nor Used S Mainte Custod			Normall	ly		Desc	Description of					Type					
			ustodial Staff? (i.e. the				Containing Material (ACM) mal systems insulation, urfacing, VAT, or ler miscellaneous)			Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure			
		Yes	No	N/A	N/A								(D)				
Basement, Furnace Room &				Asl		oestos F	stos Pipe Insulation			150 LF		1					
Garage)										_	_					
											-						
Name of Registered Waste Hauler			l N	NJDEP Waste Cu			/ards	Name of	f Registered Landfill								
Jadar Contracting, LLC				Hauler ID No. of V 0033137 TB					WS Landfill								
City, State Lincoln Park, NJ						Disposa TBD	al Date	e City, State Morrisville PA 19067									
Completed by		Sic				Signature Date				2010							
Lillie Lazarevich	etary				Lillie Kazamer 5-14-201					2012							